

Express Mail Label No.: EK555666582US
Date of Deposit: June 29, 2000



Attorney Docket No. 17811-014
(M-14 CIP)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Hunziker, *et al*
SERIAL NUMBER: 09/546,269 EXAMINER: Not Yet Assigned
FILING DATE: April 10, 2000 ART UNIT: 1636
FOR: IMPROVED KERATINOCYTE CULTURE AND USES THEREOF

June 29, 2000
Boston, Massachusetts

Application Processing Division's
Customer Correction Branch
Assistant Commissioner for Patents
Washington, D.C. 20231

TRANSMITTAL LETTER

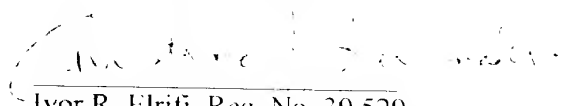
Transmitted herewith for filing in the above-referenced patent application are the following documents:

- ☒ Request for corrected filing receipt (2 pages);
- ☒ Copy of filing receipt marked with corrections (1 page); and
- ☒ Return postcard.

If the enclosed papers are considered incomplete, the Mail Room and/or the Application Branch is respectfully requested to contact the undersigned at 617-542-6000, Boston, Massachusetts.

The Commissioner is authorized to charge any additional fees that may be due, or to credit any overpayment, to the undersigned's account, Deposit Account No. 50-0311, Ref. No. 17811-014 (M-14 CIP). A duplicate copy of this transmittal letter is enclosed herewith.

Respectfully submitted,


Ivor R. Elrifi, Reg. No. 39,529
John T. Prince, Reg. No. 43,019
Christina V. Karnakis, Reg. No. 45,899
Attorneys for Applicants
c/o MINTZ, LEVIN
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Boston, Massachusetts 02111
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Customer Correction Branch**
Assistant Commissioner for Patents
Washington, D.C. 20231

REQUEST FOR CORRECTED FILING RECEIPT

1. Applicants request a Corrected Filing Receipt for the above-mentioned patent application. Applicants enclose a copy of the Filing Receipt with the corrections noted thereon. Issuance of a corrected filing receipt is respectfully requested.
2. There are errors with respect to the following data, which are:
☒ incorrectly entered
and/or
☐ omitted.

<i>Error in</i>		<i>Correct data</i>
1.	<input type="checkbox"/> Applicants' name	Improved Keratinocyte Culture and Uses Thereof
2.	<input type="checkbox"/> Applicants' address	
3.	<input checked="" type="checkbox"/> Title	
4.	<input type="checkbox"/> Filing Date	
5.	<input type="checkbox"/> Serial Number	
6.	<input type="checkbox"/> Foreign/PCT Application Re:	
7.	<input type="checkbox"/> Continuing Data	

Applicants: Hunziker, et al
Serial No.: 09 546,269



Error in

Correct data

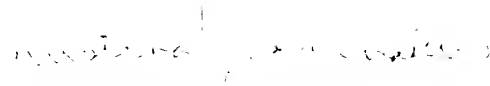
8. ☒ Other:
Filing fee: \$813

3. ☒ The correction is not due to any error by Applicants and Applicants believe that no fee is due. However, the Commissioner is authorized to charge any additional fees that may be due, or to credit any overpayment, to Deposit Account No. 50-0311, Ref. No. 17811-014(M-14 CIP).

OR

- ☐ At least one of the above corrections is due to applicants' error and the fee therefor, under 37 C.F.R. 1.19(h), of \$25.00 is paid as follows:
- ☐ Enclosed is check for \$25.00.
 - ☐ Charge Deposit Account No. 50-0311, Ref. No. 17811-014 (M-14 CIP) the sum of \$25.00.

Respectfully submitted,


Ivor R. Elrifi, Reg. No. 39,529
John T. Prince, Reg. No. 43,019
Christina V. Karnakis, Reg. No. 45,899
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EK555666582US (Express Mail Label No.)
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FILING RECEIPT

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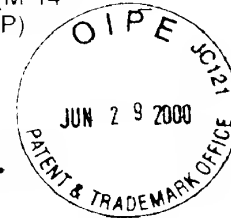
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/546,269	04/10/2000	1636	813 648	17811-014 CIP (M-14 CIP)		45	5

Ivor R Elrifi
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One Financial Center
Boston, MA 02111

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JUN 16 2000
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Date Mailed: 06/14/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. **If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).**

Applicant(s)

Thomas Hunziker, Oberhofen, SWITZERLAND;
Alain Limat, Tavel, SWITZERLAND;

Continuing Data as Claimed by Applicant

THIS APPLICATION IS A CIP OF 09/358,181 07/20/1999

Foreign Applications

If Required, Foreign Filing License Granted 06/13/2000

**** SMALL ENTITY ******Title**

Improved Keratinocyte Culture and Uses Thereof
~~Keratinocyte Cultures and Uses Thereof~~

Preliminary Class

435

Data entry by : WARREN, EFREM

Team : OIPE

Date: 06/14/2000





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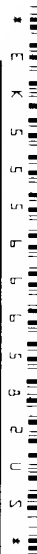
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Waiver of Signature (Domestic Only) Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.	
FROM: (PLEASE PRINT) PHONE (617) 542-6000	TO: (PLEASE PRINT) PHONE ()
Ivor R. Elrifi Mintz Levin One Financial Center Boston, MA 02111	Application Processing Division's Customer Correction Branch Assistant Commissioner for Patents Washington, D.C. 20231
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(M-14 CIP)

Serial No 09/546,269 File No 17811-014 By IRE/JTP/CVK
Title Improved Keratinocyte Culture and Uses Thereof
Application of Hunziker et al. Date April 10,2000

The U.S. PTO Mail Room acknowledges receipt of the following on the date stamped herein

- | | |
|---|---|
| <input type="checkbox"/> Reg for CPA under 37 CFR 1.53(d) | <input type="checkbox"/> Provisional Application Cover Sheet |
| <input type="checkbox"/> Change of Attorney's Address | <input type="checkbox"/> Int Discl Statement PTO Form 1449 |
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| <input type="checkbox"/> Formal <input type="checkbox"/> Informal | <input type="checkbox"/> Check for \$ |
| <input type="checkbox"/> Verified Statement claiming small entity status | <input checked="" type="checkbox"/> Transmittal Letter (x2) (1 pg.) |
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- ☒ Other ☒ Request for corrected filing receipt (2 pgs.)
☒ Copy of filing receipt marked with corrections (1 pg.)

DATE MAILED June 29, 2000